

SERFF Tracking Number:	GARD-127966258	State:	District of Columbia
Filing Company:	The Guardian Life Insurance Company of America	State Tracking Number:	
Company Tracking Number:			
TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health Dental
Product Name:	4/1/2012 Washington, DC Dental Filing		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	-0.100%
Effective Date of Last Rate Revision:	09/01/2011
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
The Guardian Life Insurance Company of America	1.260%	1.260%	\$145,875	14,520	\$11,577,370	%	%

SERFF Tracking Number: GARD-127966258 State: District of Columbia
 Filing Company: The Guardian Life Insurance Company of America State Tracking Number:
 Company Tracking Number:
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health Dental
 Product Name: 4/1/2012 Washington, DC Dental Filing
 Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	DENTAL-1-DC & DENTAL-COS-1-DC		Revised	Previous State Filing Number: JULY 2011 Percent Rate Change Request: 1.080	DENTAL-1-DC (April 2012).pdf DENTAL-COS-1-DC (April 2012).pdf
	DENTAL-2-DC		Revised	Previous State Filing Number: JULY 2011 Percent Rate Change Request: 1.250	DENTAL-2-DC (April 2012).pdf
	DENTAL-3-DC		Revised	Previous State Filing Number: JANUARY 2011 Percent Rate Change Request:	DENTAL-3-DC (April 2012).pdf
	DENTAL-4.1-DC & DENTAL-COS-3-DC		Revised	Previous State Filing Number: SEPTEMBER 2011 Percent Rate Change Request:	DENTAL-4.1-DC (April 2012).pdf DENTAL-COS-3-DC (April 2012).pdf
	DENTAL-5-DC		Revised	Previous State Filing Number: JULY 2011 Percent Rate Change Request:	DENTAL-5-DC (April 2012).pdf

SERFF Tracking Number: GARD-127966258 State: District of Columbia
 Filing Company: The Guardian Life Insurance Company of America State Tracking Number:
 Company Tracking Number:
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health Dental
 Product Name: 4/1/2012 Washington, DC Dental Filing
 Project Name/Number: /

DENTAL-9-DC	Revised	Previous State Filing Number: Percent Rate Change Request:	APRIL 2010	DENTAL-9-DC (April 2012).pdf
DENTAL-11-DC & DENTAL-COS-3.1-DC	Revised	Previous State Filing Number: Percent Rate Change Request:	JULY 2011	DENTAL-11-DC (April 2012).pdf DENTAL-COS-3.1-DC (April 2012).pdf
DENTAL-14-DC & DENTAL-14.1-DC	Revised	Previous State Filing Number: Percent Rate Change Request:	APRIL 2004 0.180	DENTAL-14-DC & DENTAL-14.1-DC (April 2012).pdf
DENTAL-15.3-DC & DENTAL-15.4-DC	Revised	Previous State Filing Number: Percent Rate Change Request:	SEPTEMBER 2011 & JANUARY 2010	DENTAL-15.3-DC & DENTAL-15.4-DC (April 2012).pdf
DENTAL-16.1-DC	Revised	Previous State Filing Number: Percent Rate Change Request:	SEPTEMBER 2011	DENTAL-16.1-DC (April 2012).pdf

THE GUARDIAN Life Insurance Company of America

DENTAL CALCULATION

LINE 1A - DENTAL BASE RATES

To obtain base rate multiply coinsurance level and factor for each of the three services and sum them up for the result.

A. BENEFIT YEAR DEDUCTIBLE

B. LIFETIME DEDUCTIBLE

<u>COINSURANCE RATE FACTOR</u>				<u>COINSURANCE RATE FACTOR</u>			
	<u>PREVENTIVE</u>	<u>BASIC</u>	<u>MAJOR</u>		<u>PREVENTIVE</u>	<u>BASIC</u>	<u>MAJOR</u>
<u>ZERO DEDUCTIBLE</u>	18.44	25.05	20.05	<u>ZERO DEDUCTIBLE</u>	18.44	25.05	20.05
<u>NOT WAIVED</u>				<u>NOT WAIVED</u>			
25	15.45	24.75	19.93	25	17.68	24.98	19.91
50	13.17	24.62	19.90	50	16.94	24.91	19.88
75	11.35	24.49	19.87	75	16.18	24.83	19.84
100	9.97	24.32	19.85	100	15.45	24.75	19.93
125	8.85	24.23	19.82	125	14.88	24.72	19.81
150	7.94	24.16	19.80	150	14.28	24.69	19.80
175	7.72	24.05	19.76	175	13.74	24.65	19.80
200	7.50	23.93	19.70	200	13.17	24.62	19.90
225	7.31	23.76	19.66	225	12.72	24.58	19.78
250	7.16	23.58	19.61	250	12.27	24.55	19.77
275	7.02	23.42	19.56	275	11.78	24.52	19.76
300	6.90	23.21	19.49	300	11.35	24.49	19.87
<u>WAIVE PREVENTIVE</u>				<u>WAIVE PREVENTIVE</u>			
25	18.44	23.66	19.47	25	18.44	24.69	19.91
50	18.44	22.46	19.18	50	18.44	24.33	19.76
75	18.44	21.46	18.88	75	18.44	24.01	19.61
100	18.44	20.57	18.55	100	18.44	23.66	19.47
125	18.44	19.71	18.26	125	18.44	23.37	19.40
150	18.44	18.99	17.95	150	18.44	23.07	19.33
175	18.44	18.33	17.66	175	18.44	22.74	19.25
200	18.44	17.76	17.38	200	18.44	22.46	19.18
225	18.44	17.30	17.08	225	18.44	22.21	19.10
250	18.44	16.92	16.80	250	18.44	21.95	19.04
275	18.44	16.63	16.54	275	18.44	21.71	18.95
300	18.44	16.35	16.26	300	18.44	21.46	18.88
<u>WAIVE PREVENTIVE AND BASIC</u>				<u>WAIVE PREVENTIVE AND BASIC</u>			
25	18.44	25.05	19.41	25	18.44	25.05	19.90
50	18.44	25.05	18.98	50	18.44	25.05	19.73
75	18.44	25.05	18.51	75	18.44	25.05	19.58
100	18.44	25.05	18.04	100	18.44	25.05	19.41
125	18.44	25.05	17.66	125	18.44	25.05	19.30
150	18.44	25.05	17.25	150	18.44	25.05	19.20
175	18.44	25.05	16.87	175	18.44	25.05	19.09
200	18.44	25.05	16.52	200	18.44	25.05	18.98
225	18.44	25.05	16.14	225	18.44	25.05	18.86
250	18.44	25.05	15.77	250	18.44	25.05	18.76
275	18.44	25.05	15.44	275	18.44	25.05	18.62
300	18.44	25.05	15.09	300	18.44	25.05	18.51

THE GUARDIAN Life Insurance Company of America

LINE 1 - Cosmetic Base Rate

Cosmetic Deductible Amount	Annual Maximum	Base Rate
0	500	5.06
25	500	4.68
50	500	4.42
100	500	3.75

LINE 2 - Cosmetic Coinsurance Factor

Cosmetic Coinsurance %	Factor
25	0.25
40	0.40
50	0.50

LINE 3 - Cosmetic Area Factor

Dental Area Factor Ranges	Cosmetic Area Factor
<80	0.78
80-85	0.83
86-95	0.90
96-105	1.00
106-115	1.10
116-125	1.20
126-135	1.30
136-145	1.40
146-155	1.50
156-165	1.60
166-175	1.70
176-185	1.80
186-195	1.90
196<	2.00

THE GUARDIAN Life Insurance Company of America

LINE 1B - SPLIT DEDUCTIBLE BASE RATES

Benefit Year Deductibles

<u>Preventive</u>	<u>Basic / Major</u>	<u>Preventive</u>	<u>Basic</u>	<u>Major</u>
25	25	12.30	26.49	26.40
25	50	12.21	24.88	25.12
25	75	12.10	23.66	23.76
50	50	10.57	24.12	24.35

LINE 1C - DENTAL COINSURANCE ADJUSTMENT FACTORS

<u>Coinsurance</u>	<u>Preventive</u>	<u>Basic</u>	<u>Major</u>
100	1.000	1.026	1.111
95	0.945	0.969	1.050
90	0.890	0.913	0.989
85	0.835	0.856	0.928
80	0.780	0.800	0.867
75	0.725	0.744	0.806
70	0.670	0.687	0.744
65	0.615	0.631	0.683
60	0.560	0.574	0.622
55	0.505	0.518	0.561
50	0.450	0.462	0.500
45	0.395	0.405	0.439
40	0.340	0.349	0.378
35	0.285	0.292	0.317
30	0.230	0.236	0.256
25	0.175	0.179	0.194
20	0.135	0.138	0.150
15	0.095	0.097	0.106
10	0.060	0.062	0.067
5	0.030	0.031	0.033
0	0.000	0.000	0.000

Line 1D - ORTHODONTIA BASE RATES

<u>Orthodontia Maximum</u>	<u>Base Rate</u>
\$500	\$2.76
750	4.15
1,000	5.53
1,200	6.63
1,250	6.92
1,500	8.29
1,750	9.68
2,000	11.06
2,500	13.82

THE GUARDIAN Life Insurance Company of America

LINE 2 - MAXIMUM BENEFIT FACTOR

Multiply rates by the appropriate factor below:

LINE 2A - DENTAL

Low Cost Zips: 15000-16899, 24700-26899, 35004-39799, 40000-47999, 61700-63999, 64600-64899, 65000-65899, 70000-72999

Maximum Benefit	Less Than 10 Enrolled Lives		10 to 49 Enrolled Lives		50 or More Enrolled Lives	
	Non-zero Major	0% Major	Non-zero Major	0% Major	Non-zero Major	0% Major
500	0.85	0.925	0.85	0.925	0.85	0.925
750	0.93	0.965	0.93	0.965	0.93	0.965
1000	1	1	1	1	1	1
1200	1.05	1.025	1.045	1.023	1.045	1.023
1250	1.06	1.03	1.05	1.025	1.05	1.025
1500	1.12	1.06	1.085	1.043	1.085	1.043
1750	1.15	1.075	1.105	1.053	1.105	1.053
2000	1.18	1.09	1.125	1.063	1.125	1.063
2500	1.24	N/A	1.155	N/A	1.155	N/A
3000	N/A	N/A	1.165	N/A	1.165	N/A
3500	N/A	N/A	1.17	N/A	1.17	N/A
4000	N/A	N/A	1.173	N/A	1.173	N/A
4500	N/A	N/A	1.176	N/A	1.176	N/A
5000	N/A	N/A	1.18	N/A	1.18	N/A

Medium Cost Zips: 08000-08799, 12000-14999, 16900-24699, 27000-31999, 39800-39899, 50000-61699, 64000-64599, 64900-64999, 66000-69399, 73001-83199, 84000-84799

Maximum Benefit	Less Than 10 Enrolled Lives		10 to 49 Enrolled Lives		50 or More Enrolled Lives	
	Non-zero Major	0% Major	Non-zero Major	0% Major	Non-zero Major	0% Major
500	0.84	0.92	0.84	0.92	0.84	0.92
750	0.925	0.963	0.925	0.963	0.925	0.963
1000	1	1	1	1	1	1
1200	1.06	1.03	1.05	1.025	1.05	1.025
1250	1.07	1.035	1.06	1.03	1.06	1.03
1500	1.13	1.065	1.11	1.055	1.11	1.055
1750	1.16	1.08	1.14	1.072	1.14	1.072
2000	1.19	1.095	1.17	1.088	1.17	1.088
2500	1.25	N/A	1.21	N/A	1.21	N/A
3000	N/A	N/A	1.22	N/A	1.22	N/A
3500	N/A	N/A	1.23	N/A	1.23	N/A
4000	N/A	N/A	1.235	N/A	1.235	N/A
4500	N/A	N/A	1.24	N/A	1.24	N/A
5000	N/A	N/A	1.245	N/A	1.245	N/A

High Cost Zips: 01000-04999, 06000-07999, 08800-11999, 48001-49999, 83200-83899, 85000-97999, 99500-99999

Maximum Benefit	Less Than 10 Enrolled Lives		10 to 49 Enrolled Lives		50 or More Enrolled Lives	
	Non-zero Major	0% Major	Non-zero Major	0% Major	Non-zero Major	0% Major
500	0.83	0.915	0.83	0.915	0.83	0.915
750	0.92	0.96	0.92	0.96	0.92	0.96
1000	1	1	1	1	1	1
1200	1.07	1.035	1.065	1.033	1.065	1.033
1250	1.08	1.04	1.075	1.038	1.075	1.038
1500	1.15	1.075	1.135	1.068	1.135	1.068
1750	1.175	1.088	1.173	1.089	1.173	1.089
2000	1.2	1.1	1.21	1.11	1.21	1.11
2500	1.26	N/A	1.26	N/A	1.26	N/A
3000	N/A	N/A	1.275	N/A	1.275	N/A
3500	N/A	N/A	1.29	N/A	1.29	N/A
4000	N/A	N/A	1.3	N/A	1.3	N/A
4500	N/A	N/A	1.305	N/A	1.305	N/A
5000	N/A	N/A	1.31	N/A	1.31	N/A

THE GUARDIAN Life Insurance Company of America

LINE 6A - DENTAL NON-CONTRIBUTORY/CONTRIBUTORY DISCOUNT (Do not apply to orthodontia)

LINE 6A1 - NON-CONTRIBUTORY

Multiply the employee and dependent rates by .96

LINE 6A2 - CONTRIBUTORY

<u>Contributory %</u>	<u>Employee Factor</u>	<u>Dependent Factor</u>
1 - 25	0.995	0.995
26 - 50	1.00	1.00
51 - 79	1.00	1.00
80 - 100(Voluntary*)	0.983	0.983

Note: Non-contributory cases are where EE contributory % = 0%.

*Voluntary cases have EE contributory % = 80% to 100%.

LINE 6B - VOLUNTARY ORTHODONTIA LOAD

Multiply ortho rate by 1.00

LINE 7 - SECULAR TREND FACTOR

<u>Effective Date</u>	<u>Factor</u>
01/01/2012 - 03/31/2012	1.000

Increase factor by 0.0125 for each succeeding quarter through 03/31/2013.

THE GUARDIAN Life Insurance Company of America

LINE 6 - Non-contributory /Contributory /Voluntary

6A - Non-contributory

Multiply the employee and dependent rates by .96

6B - Contributory

<u>Contributory %</u>	<u>Employee Factor</u>
1 - 25	0.995
26 - 50	1.00
51 - 79	1.00
80 - 100 (Voluntary*)	0.983

Note: Non-contributory cases are where EE contributory % = 0%.

*Voluntary cases have EE contributory % = 80% to 100%.

LINE 7 - Cosmetic Secular Trend Factor

<u>Effective Date</u>	<u>Factor</u>
01/01/2012 - 03/31/2012	1.000

Increase factor by .0125 for each succeeding quarter through 03/31/2013.

LINE 8 - Cosmetic Age/Sex Factor

<u>Age</u>	<u>Employee Factor</u>
under 25	0.910
25-34	0.929
35-44	0.948
45-54	0.967
55-64	0.995
65 +	1.024

Line 9 - Cosmetic Female Percent Factor

This factor is applied to the Employee Rate only.

<u>EE Female %</u>	<u>Factor</u>
Less than 21%	1.00
21 - 30	1.02
31 - 40	1.04
41 - 50	1.06
51 - 60	1.08
61 - 70	1.10
71 - 80	1.12
81 - 100	1.14

LINE 14 - Cosmetic PPO Factor - Applies to all networks

<u>Coinurance In-Network</u>	<u>Coinurance Out-Network</u>	<u>Plan Type Factor</u>
25	25	1.000
40	40	1.000
50	50	1.000
50	40	0.858
50	25	0.700
40	25	0.743
50	0	0.500
40	0	0.500
25	0	0.400

LINE 15 - Adjustment Factor for Dental Guard Options

A. To convert to a different contract type with no DentalGuard options, apply these factors

<u>Dental Guard Type</u>	<u>DG Type Factor</u>
DentalGuard 2000	1.000

B. If the DentalGuard option below is chosen, follow appropriate direction below to develop the correct factor.

<u>Code</u>	<u>DentalGuard Option</u>	<u>DG Option Factor</u>
C1	Bleaching every 24 months	0.000

EE Factor=DG type factor X [1-DG option factor]

THE GUARDIAN Life Insurance Company of America

Line 8 - AGE/SEX FACTOR

a. Determine employee and dependent weighted age factors as follows

- (1) Multiply the factor shown below for each age/sex bracket by the number of employees in that bracket
- (2) Sum the results for all employees.
- (3) Divide the sum by the total number of employees to obtain the weighted age factor

Zip Code Definitions For these zip codes use the following factors to the right:

			Factors		
		<u>Age</u>	Female Employee <u>Factor</u>	Male Employee <u>Factor</u>	Dependent <u>Factor</u>
01000 - 02799	66000 - 69399	Under 25	1.090	0.850	1.238
05000 - 05999	75000 - 75399	25-34	1.052	0.832	1.746
12000 - 16899	76000 - 76199	35-44	1.052	0.874	1.970
43000 - 43299	83200 - 84799	45-54	1.127	0.986	1.899
43700 - 43999	97000 - 99999	55-64	1.185	1.114	1.663
50000 - 54999		65 +	1.143	1.197	1.250

Zip Code Definitions For these zip codes use the following factors to the right:

			Factors		
		<u>Age</u>	Female Employee <u>Factor</u>	Male Employee <u>Factor</u>	Dependent <u>Factor</u>
08000 - 08699	45000 - 45599	Under 25	1.033	0.805	1.307
16900 - 19999	45900 - 47999	25-34	0.997	0.788	1.843
37010 - 38599	59000 - 59999	35-44	0.997	0.828	2.079
32000 - 34999	71600 - 72999	45-54	1.067	0.934	2.005
40000 - 42999	81700 - 83199	55-64	1.123	1.056	1.756
44000 - 44799		65 +	1.083	1.133	1.320

Zip Code Definitions For these zip codes use the following factors to the right:

			Factors		
		<u>Age</u>	Female Employee <u>Factor</u>	Male Employee <u>Factor</u>	Dependent <u>Factor</u>
02800 - 04999	45600 - 45899	Under 25	1.148	0.895	1.176
06000 - 07999	48000 - 49999	25-34	1.108	0.876	1.658
08700 - 11999	55000 - 58899	35-44	1.108	0.920	1.871
20000 - 26899	60000 - 65899	45-54	1.186	1.038	1.804
27000 - 28999	70000 - 71499	55-64	1.248	1.174	1.580
29000 - 31999	73000 - 74999	65 +	1.204	1.260	1.188
35000 - 36999	75400 - 75999				
38600 - 39899	76200 - 81699				
43300 - 43699	85000 - 96899				
44800 - 44999					

- b. Multiply the rate obtained through Step 7 by the appropriate employee and dependent age factors to get an employee rate and a dependent rate

THE GUARDIAN Life Insurance Company of America

Line 13 - ADJUSTMENT FOR STARTER DENTAL PLAN (Do not apply to Orthodontia. In-force Plans only)

A. For 100% Preventive/80% Basic:

Multiply rates for 100% Preventive/80% Basic/50% Major plan by the following factors:

	<u>Deductible Waived For Preventive Services</u>	<u>Deductible Not Waived for Preventive Services</u>
Employee	.72	.65
Dependent	.70	.63

B. For 80% Preventive/80% Basic:

Multiply rates for 80% Preventive/80% Basic/50% Major plan by the following factors:

	<u>Deductible Waived For Preventive Services</u>	<u>Deductible Not Waived for Preventive Services</u>
Employee	.70	.64
Dependent	.68	.63

Line 14 - PPO FACTOR (Do not apply to orthodontia)

Adjust the PPO Factor, found in the Managed Care Dental Tables by the appropriate factor shown below
(Do not apply the adjustment for PZ Nap Plan Type)

<u>Maximum Benefit</u>	<u>Less than 10 Lives</u>		<u>10 or More Lives</u>	
	<u>Non-Zero Major</u>	<u>0% Major</u>	<u>Non-Zero Major</u>	<u>0% Major</u>
500	0.020	0.010	0.020	0.010
750	0.010	0.005	0.010	0.005
1,000	0.000	0.000	0.000	0.000
1,200	-0.005	0.000	-0.010	-0.005
1,250	-0.005	0.000	-0.010	-0.005
1,500	-0.010	-0.005	-0.015	-0.010
1,750	-0.015	-0.007	-0.020	-0.012
2,000	-0.020	-0.010	-0.025	-0.015
2,500	-0.030	N/A	-0.035	N/A
3,000	-0.030	N/A	-0.035	N/A
3,500	-0.030	N/A	-0.035	N/A
4,000	-0.030	N/A	-0.035	N/A
4,500	-0.030	N/A	-0.035	N/A
5,000	-0.030	N/A	-0.035	N/A

Note: Split Maximum PPO Plans must be rated with \$1,000 maximum benefit.

Line 14B - OUT OF NETWORK PLUS

(Excluding Valueplans [VZ], Split Value Plans [P1-PT, O1-OT, N1-NT, M1-MT, L1-LT, K1-KT, TA], In-Network Only [IN], Indemnity, Schedule and DHMO Plans).

THE GUARDIAN Life Insurance Company of America

LINE 16 - MORBIDITY FACTOR

LINE 16A - DENTAL Multiply the employee and dependent rate by the applicable factor below

<u>Group Size</u>	<u>Factor</u>	<u>Group Size</u>	<u>Factor</u>
1	1.333	16	1.090
2	1.301	17	1.090
3	1.239	18	1.090
4	1.194	19	1.090
5	1.168	20-24	1.075
6	1.158	25-29	1.055
7	1.148	30-49	1.040
8	1.138	50-69	1.010
9	1.123	70-99	1.000
10	1.113	100-149	0.985
11	1.103	150-249	0.970
12	1.103	250-499	0.950
13	1.097	500-999	0.935
14	1.097	1000+	0.935
15	1.097		

LINE 16B - ORTHODONTIA - Multiply the orthodontia rate by the appropriate factor below depending on case type by

<u>Group Size</u>	<u>Factor</u>
1-9	1.397
10-15	1.297
16-24	1.150
25-49	1.075
50-99	1.000
100-249	0.950
250+	0.900

LINE 17 - ADJUSTMENT FOR ADULT ORTHODONTIA (Do not apply to Orthodontia)

Employee Adult Orthodontia Rate = .10 x Line 16B Orthodontia Rate
(Applied to all Employees)

Dependent Adult Orthodontia Rate = .14 x Line 16B Orthodontia Rate
(Applied to all Dependents)

THE GUARDIAN Life Insurance Company of America

LINE 16 - Cosmetic Morbidity Factor

Multiply the cosmetic rate by the appropriate factor below depending on case type .

<u>Group Size</u>	<u>Factor</u>	<u>Group Size</u>	<u>Factor</u>
1	1.333	16	1.090
2	1.301	17	1.090
3	1.239	18	1.090
4	1.194	19	1.090
5	1.168	20-24	1.075
6	1.158	25-29	1.055
7	1.148	30-49	1.040
8	1.138	50-69	1.010
9	1.123	70-99	1.000
10	1.113	100-149	0.985
11	1.103	150-249	0.970
12	1.103	250-499	0.950
13	1.097	500-999	0.935
14	1.097	1000+	0.935
15	1.097		

THE GUARDIAN Life Insurance Company of America

Line 23 - BUY-UP PLANS (Does not apply to Orthodontia)

For a single or a combination of buy-up plans, add applicable buy-up load(s) to 1.00 to derive your final buy-up factor. Then multiply rates by buy-up factor.

<u>Buy-Up Coinsurance Plan Codes</u>	<u>Coinsurance</u>	<u>Buy-Up Coinsurance</u>	<u>Base Load</u>	<u>Buy-Up Load</u>
C1	100/80/50	100/100/60	.02	.02
C2	80/50/25	100/80/50	.02	.02
C3	80/70/40	100/80/50	.02	.02
C4	100/80/0	100/80/50	.07	.07
C5	100/50/0	100/80/50	.07	.07
C6	100/50/25	100/80/50	.02	.02

Available for Indemnity Plans only. Can be offered with M Buy-Ups.

<u>Buy-Up PPO Plan Codes</u>	<u>PPO Plans</u>	<u>Buy-Up PPO Plans</u>	<u>Base Load</u>	<u>Buy-Up Load</u>
D1	PPO plan C*	PPO 1 * -12 months deferred major	.02	.02
D2	PPO plan C*	PPO 2 * -12 months deferred major	.02	.02
D3	PPO plan C*	PPO 3 * -12 months deferred major	.02	.02
D4	PPO plan C*	PPO 4 * -12 months deferred major	.02	.02
D5	PPO plan 0 or G*	PPO 7 * -12 months deferred major	.02	.02
D6	PPO plan 0 or G*	PPO O * -12 months deferred major	.02	.02
D7	PPO plan 0 or G*	PPO T * -12 months deferred major	.02	.02
DD	PPO plan C*	PPO D * -12 months deferred major	.02	.02

* Available for PPO Plan types with first character in the Split Value PPO Plan(K-P) or Regular PPO Plan (U-Z) range.

<u>Buy-Up In-Network Plan Codes</u>	<u>In-Network Base Plan</u>	<u>Buy-Up PPO Plans</u>	<u>Base Load</u>	<u>Buy-Up Load</u>
I1	100/80/50	PPO 1 *	.02	.02
I2	100/80/50	PPO 2 *	.02	.02
I3	100/80/50	PPO 3 *	.02	.02
I4	100/80/50	PPO 4 *	.02	.02
ID	100/80/50	PPO D *	.02	.02
J1	100/80/0	PPO 1 *	.07	.07
J2	100/80/0	PPO 2 *	.07	.07
J3	100/80/0	PPO 3 *	.07	.07
J4	100/80/0	PPO 4 *	.07	.07
JD	100/80/0	PPO D *	.07	.07

* The Buy-Up PPO Plan type's first character must fall within the Regular PPO Plan (U-Z) or Split Value PPO Plan (K-P) range.
Can be offered with M Buy-Up plans.

<u>Buy-Up Maximum Plan Codes</u>	<u>Base Maximum</u>	<u>Buy-Up Maximum</u>	<u>Base Load</u>	<u>Buy-Up Load</u>
M1	\$500 max	\$750 max	.02	.02
M2	\$750 max	\$1,000 max	.02	.02
M3	\$1,000 max	\$1,500 max	.02	.02
M4	\$500 max	\$1,000 max	.05	.05
M5	\$1,000 max	\$2,000 max	.05	.05
M6	\$1,500 max	\$2,000 max	.02	.02

Available for Indemnity, NAP or PPO plan types with first character in the Split Value PPO Plan(K-P) or Regular PPO Plan (U-Z) range. Can be combined with C, P, V, I and J Buy-Ups.

THE GUARDIAN Life Insurance Company of America

Line 23 - BUY-UP PLANS (Does not apply to Orthodontia) - Continued

<u>Buy-Up PPO Plan Codes</u>	<u>PPO Plans</u>	<u>Buy-Up PPO Plans</u>	<u>Base Load</u>	<u>Buy-Up Load</u>
P1	PPO plan 7,8,A, O or B*	PPO 1*	.02	.02
P2	PPO plan 7,8,A,O or B*	PPO 2*	.02	.02
P3	PPO plan 7,8,A, O or B*	PPO 3*	.02	.02
P4	PPO plan 7,8,A, O or B*	PPO 4*	.02	.02
P5	PPO plan 0 or G*	PPO 7*	.07	.07
P6	PPO plan 0 or G*	PPO O*	.07	.07
P7	PPO plan 0 or G*	PPO T*	.07	.07
PD	PPO plan 7,8,A, O or B*	PPO D*	.02	.02

- The 1,2,3,4,7,8,A,B, D or O above refer to the second character of the PPO plan type

- Can be combined with M Buy-Ups.

* Available for PPO plan types with first character in the Regular PPO Plan(U-Z) or Split Value PPO Plan (K-P) range.

<u>Buy-Up PPO Plan Codes</u>	<u>PPO Plans</u>	<u>Buy-Up PPO Plans</u>	<u>Base Load</u>	<u>Buy-Up Load</u>
Q1	PPO plan C *	PPO 1*	.07	.07
Q2	PPO plan C *	PPO 2*	.07	.07
Q3	PPO plan C *	PPO 3*	.07	.07
Q4	PPO plan C *	PPO 4*	.07	.07
QD	PPO plan C *	PPO D*	.07	.07

* Available for PPO plan types with first character in the Regular PPO plan(U-Z) or Split Value PPO Plan (K-P) range.

<u>Buy-Up Value Plan Codes</u>	<u>Value Coinsurance</u>	<u>Buy-Up Value Coinsurance</u>	<u>Base Load</u>	<u>Buy-Up Load</u>
V1	100/80/50	100/100/60	.02	.02
V2	80/50/25	100/80/50	.02	.02
V3	80/70/40	100/80/50	.02	.02
V4	100/80/0	100/80/50	.07	.07
V5	100/50/0	100/80/50	.07	.07
V6	100/50/25	100/80/50	.02	.02

Available for Indemnity VZ Plans Only. Can be combined with M Buy-ups.

<u>Buy-Up Special Plan Codes</u>	<u>Special Plans</u>	<u>Buy-Up Special Plans</u>	<u>Base Load</u>	<u>Buy-Up Load</u>
S1	80/80/0 deductible not waived for prev. Ded ≥ \$50	100/80/50 deductible waived for prev. Ded=Base ded. - \$50	.07	.07
S2	PPO plan XE	PPO plan W1	.02	.02
S3	100/80/0	100/80/50 -12 months deferred major	.02	.02

S1 and S3 offered for Indemnity Plans only

S2 offered for PPO plans only

THE GUARDIAN Life Insurance Company of America

LINE 24B - MAXIMUM ROLLOVER FACTORS

I. NO QUALIFYING CLAIM NEEDED TO RETAIN ROLLOVER ACCOUNT

Indemnity

Plan Index	Maximum	Duration 1	Duration 2	Duration 3	Duration 4	Duration 5+
01	\$500	1.000	1.010	1.020	1.020	1.020
02	\$750	1.000	1.010	1.020	1.020	1.020
03	\$1000	1.000	1.010	1.020	1.020	1.020
04	\$1200	1.000	1.010	1.020	1.020	1.020
05	\$1250	1.000	1.010	1.020	1.020	1.020
06	\$1500	1.000	1.010	1.020	1.020	1.020
07	\$2000	1.000	1.010	1.020	1.020	1.020
08	\$2500	1.000	1.010	1.020	1.020	1.020
09	\$3000+	1.000	1.010	1.020	1.020	1.020
28	\$1750	1.000	1.010	1.020	1.020	1.020

PPO

Plan Index	Maximum	Duration 1	Duration 2	Duration 3	Duration 4	Duration 5+
10	\$500	1.000	1.010	1.020	1.020	1.020
11	\$750	1.000	1.010	1.020	1.020	1.020
12	\$1000	1.000	1.010	1.020	1.020	1.020
13	\$1200	1.000	1.010	1.020	1.020	1.020
14	\$1250	1.000	1.010	1.020	1.020	1.020
15	\$1500	1.000	1.010	1.020	1.020	1.020
16	\$2000	1.000	1.010	1.020	1.020	1.020
17	\$2500	1.000	1.010	1.020	1.020	1.020
18	\$3000+	1.000	1.010	1.020	1.020	1.020
29	\$1750	1.000	1.010	1.020	1.020	1.020

Maximum Rollover Lite

Plan Index	Maximum	Duration 1	Duration 2	Duration 3	Duration 4	Duration 5+
19	\$500	1.000	1.005	1.010	1.010	1.010
20	\$750	1.000	1.005	1.010	1.010	1.010
21	\$1000	1.000	1.005	1.010	1.010	1.010
22	\$1200	1.000	1.005	1.010	1.010	1.010
23	\$1250	1.000	1.005	1.010	1.010	1.010
24	\$1500	1.000	1.005	1.010	1.010	1.010
25	\$2000	1.000	1.005	1.010	1.010	1.010
26	\$2500	1.000	1.005	1.010	1.010	1.010
27	\$3000+	1.000	1.005	1.010	1.010	1.010
30	\$1750	1.000	1.005	1.010	1.010	1.010

II. For Plans requiring a qualifying claim to retain a rollover account , multiply the rates in the chart above by 0.67.

III. For Plans that do not have maximum rollover , use a factor of 0.99 for all durations. Do not apply the factors from Section I or II above.

THE GUARDIAN Life Insurance Company of America

LINE 24B - MAXIMUM ROLLOVER FACTORS (CONTINUED)

IV. MAXIMUM ROLLOVER DESCRIPTIONS

Indemnity

Maximum Rollover Variables				
Plan Max	Threshold Max	Rollover Amount	Account Limit	Max Roll Type
\$500	\$200	\$100	\$500	1
\$750	\$300	\$150	\$500	2
\$1,000	\$500	\$250	\$1,000	3
\$1,200	\$600	\$300	\$1,200	4
\$1,250	\$600	\$300	\$1,250	5
\$1,500	\$700	\$350	\$1,250	6
\$2,000	\$800	\$400	\$1,500	7
\$2,500	\$900	\$450	\$1,500	8
\$3,000+	\$1,000	\$500	\$1,500	9
\$1,750	\$700	\$350	\$1,250	28

PPO

Maximum Rollover Variables					
Plan Max	Threshold Max	Rollover Amount	IN only Rollover	Account Limit	Max Roll Type
\$500	\$200	\$100	\$150	\$500	10
\$750	\$300	\$150	\$200	\$500	11
\$1,000	\$500	\$250	\$350	\$1,000	12
\$1,200	\$600	\$300	\$400	\$1,200	13
\$1,250	\$600	\$300	\$450	\$1,250	14
\$1,500	\$700	\$350	\$500	\$1,250	15
\$2,000	\$800	\$400	\$600	\$1,500	16
\$2,500	\$900	\$450	\$700	\$1,500	17
\$3,000+	\$1,000	\$500	\$750	\$1,500	18
\$1,750	\$700	\$350	\$500	\$1,250	29

Maximum Rollover Lite

Maximum Rollover Variables					
Plan Max	Threshold Max	Rollover Amount	IN only Rollover	Account Limit	Max Roll Type
\$500	\$200	\$50	\$75	\$250	19
\$750	\$300	\$75	\$100	\$250	20
\$1,000	\$500	\$125	\$175	\$500	21
\$1,200	\$600	\$150	\$200	\$600	22
\$1,250	\$600	\$150	\$225	\$625	23
\$1,500	\$700	\$175	\$250	\$625	24
\$2,000	\$800	\$200	\$300	\$750	25
\$2,500	\$900	\$225	\$350	\$750	26
\$3,000+	\$1,000	\$250	\$375	\$750	27
\$1,750	\$700	\$175	\$250	\$625	30

THE GUARDIAN Life Insurance Company of America

Line 28 - DEPENDENT AGE LIMITS

Line 28A - DENTAL AGE LIMITS

Multiply dependent rate by the appropriate factor below

Dependent Children Covered through			Dependent Children Covered through		
Non Students	Full-Time Students	Factor	Non Students	Full-Time Students	Factor
19	19	0.940	21	24	0.996
19	20	0.950	21	25	1.001
19	21	0.960	21	26	1.006
19	22	0.970	22	22	0.987
19	23	0.979	22	23	0.997
19	24	0.984	22	24	1.002
19	25	0.989	22	25	1.007
19	26	0.994	22	26	1.012
20	20	0.956	23	23	1.003
20	21	0.966	23	24	1.008
20	22	0.975	23	25	1.013
20	23	0.985	23	26	1.018
20	24	0.990	24	24	1.014
20	25	0.995	24	25	1.019
20	26	1.000	24	26	1.024
21	21	0.971	25	25	1.025
21	22	0.981	25	26	1.030
21	23	0.991	26	26	1.036
			27	27	1.040

Line 28B - ORTHODONTIA AGE LIMITS

Multiply rates by the appropriate factor below:

Dependent Children Covered through		Factor
Non Students	Full-Time Students	
19	19	1.00

Line 30 - Implants

Case Size	Maximim Benefit													
	\$500	\$750	\$1,000	\$1,200	\$1,250	\$1,500	\$1,750	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000
2-15	1.010	1.010	1.010	1.015	1.015	1.015	1.018	1.020	1.025	1.040	1.040	1.040	1.040	1.040
16-24	1.015	1.015	1.015	1.020	1.020	1.020	1.023	1.025	1.030	1.035	1.035	1.035	1.035	1.035
25-49	1.012	1.012	1.012	1.015	1.015	1.015	1.018	1.020	1.025	1.030	1.030	1.030	1.030	1.030
50-99	1.010	1.010	1.010	1.012	1.012	1.012	1.014	1.015	1.020	1.025	1.025	1.025	1.025	1.025
100-249	1.008	1.008	1.008	1.010	1.010	1.010	1.011	1.012	1.015	1.020	1.020	1.020	1.020	1.020
250+	1.005	1.005	1.005	1.008	1.008	1.008	1.009	1.010	1.012	1.015	1.015	1.015	1.015	1.015

SERFF Tracking Number: GARD-127966258 State: District of Columbia
Filing Company: The Guardian Life Insurance Company of State Tracking Number:
America
Company Tracking Number:
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health Dental
Product Name: 4/1/2012 Washington, DC Dental Filing
Project Name/Number: /

Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Actuarial Justification

Comments:

Attachments:

Cover - DC APR12.pdf

ACTMEMO - DC APR12.pdf

ACTCERT-DC APR12.pdf



January 9, 2012

Mr. Laszlo Pentek
Actuary
Government of the District of Columbia
Department of Insurance, Securities and Banking
810 First Street, NE, #701
Washington, DC, 20002

Re: Group Dental Rate Filing

Carrier: The Guardian Life Insurance Company of America
NAIC Company Code: 64246
Form Numbers: True Group Dental Rate Manual, GP-1-DG2000 et al.

Dear Mr. Pentek:

This filing provides the information required by District of Columbia regulations for filing manual rate changes for Guardian's Group Dental business. The policy form impacted is GP-1-DG2000.

Enclosed are details relating to a change being made to Guardian's Group Dental Rate Manual with the change becoming effective upon approval of this filing. The requested change results in an increase of 1.26% to our aggregate rate level, relative to our current rates.

As of 9/30/2011, The Guardian provides dental insurance for 378 groups located in the District of Columbia, with a total of 14,520 lives.

Sincerely,

David Ferrari, FSA, MAAA
Assistant Actuary
Group Products

1/9/12
Date



ACTUARIAL MEMORANDUM

A. Description of Benefits

Guardian's Dental business has one class of business. In addition to benefit plan design, Guardian's Group Dental rates are adjusted based on age, gender, industry, family composition, geographical area, and group size (lives and premium). There is no limit to the issue age range, and the premiums are determined on an attained age basis, since they change each year as the case renews. The gender adjustment varies based on the female percent of the group and is separate from the age adjustment. The area factors are based on the zip code of the employer and the industry factors are based on the SIC code of the employer. We currently utilize a four-tier rate structure (Employee; Employee and Spouse; Employee and Child(ren); Employee, Spouse and Child(ren)).

Currently, Guardian's Group Dental rate manual can be used to calculate rates for a wide variety of Dental benefit plan designs for groups of 2 or more employees. Plan design options include many maximum benefit, deductible and coinsurance options. Plans have separate coinsurance percentages for Preventive, Basic and Major services with PPO plans having separate in-network and out-of-network coinsurance combinations.

Renewability Provision

Each case's rates are reviewed for renewal action on an annual basis. Renewal rate cap and 2-year rate guarantee options are also available.

B. Applicability (Closed/Open Block)

Guardian's Dental business is an open block.

C. Marketing Method

Guardian's Dental business is marketed through both our field force of agents and general agents as well as by brokers.

D. Underwriting Method

Underwriting is at the group level. Groups of 51+ with experience are quoted a rate that is a blend of the Manual rate and an experience based rate using standard credibility formulas. The rate impact varies according to the experience of the individual groups. Guardian varies rates to be aligned with the risk characteristics of the group. These risk characteristics include age, gender, geographic area, industry, group size, and participation level. Health status and claim history are also considered. Consistent with industry practice, Guardian also makes underwriting judgment decisions including the use of new business and competitive adjustment factors.

Groups have an option to use a blended rate, where every subclass of the group would receive



one identical rate. Blended rates are derived so that the aggregate premium collected would be the same as if the calculated manual rates for each subclass were used. Rates may be blended across multiple locations, multiple plan designs, subsidiaries or affiliates or if a census is unavailable at the time of quote.

E. Issue Age Limits

There is no limit to the issue age range, and the premiums are determined on an attained age basis, since they change each year as the case renews.

F. Premium Basis

Rates are developed separately for “employee” and “dependent” categories. These categories are then split into “tier” rates based on factors that were developed using internal company data.

G. Nature of Rate Change and Proposed Rate/Methodology Change

These are the changes that have been made to our Dental Manual Rates, effective upon approval:

1. Dental Base Rates (Line 1A, DENTAL-1-DC), Split Deductible Base Rates (Line 1B, DENTAL-2-DC), and Cosmetic Base Rates (Line 1, DENTAL-COS-1-DC) were increased by 1.08%.

2. Orthodontia Base Rates (Line 1D, DENTAL-2-DC) were increased by 1.25%. We also added a \$1,750 orthodontia maximum base rate, which will have no impact on in-force dental manual rates.

3. Maximum Benefit Factor (Line 2A, DENTAL-3-DC): We added \$1,750 maximum benefit factors. This change will have no impact on in-force dental manual rates.

4. Secular Trend Factor (Line 7, DENTAL-4.1-DC and Line 7, DENTAL-COS-3-DC) has been reset to 1.000 as of 1/1/2012. The factor was previously 1.000 as of 10/1/2011. Given that this change in prospective in nature, there is no rate impact for this change. This factor is scheduled to increase by 0.0125 for each of the next four quarters starting from 4/1/2012.

5. Age Factor (Line 8, DENTAL-5-DC): We re-grouped the zip code definitions for Delaware, New Jersey, and Texas. This change will have no impact on in-force dental manual rates.

6. PPO Factor (Line 14, DENTAL-9-DC): We added \$1,750 maximum benefit adjustment factors. This change will have no impact on in-force dental manual rates

7. Morbidity Factors (Line 16A, DENTAL-11-DC), Orthodontia Morbidity Factors (Line 16B, DENTAL-11-DC), Cosmetic Morbidity Factors (Line 16, DENTAL-COS-3.1-DC) were updated and will result in a 0.23% reduction to Dental in-force manual rates for groups



with less than 15 employees. Please note that this change is prospective in nature and should not be included in our target rate change.

8. Buy-Up Plan Factors (Line 23, DENTAL-14-DC and DENTAL-14.1-DC) were updated and will result in a 0.18% increase to aggregate Dental in-force manual rates.

9. Maximum Rollover Factor (Line 24B, DENTAL-15.3-DC and DENTAL-15.4-DC): We added \$1,750 maximum benefit durational factors. This change will have no impact on in-force dental manual rates.

10. Implants Factor (Line 30, DENTAL-16.1-DC): We added \$1,750 maximum benefit adjustment factors. This change will have no impact on in-force dental manual rates

The above changes will result in a **1.26%** increase to our aggregate rate level on 4/1/2012, relative to our current rates. This increase includes any impact of secular trend.

H. Indication if New or Modified

This is a new filing for the District of Columbia

I. Comparison to Status Quo

The above changes result in a 1.26% increase to our aggregate rate level, upon approval of this filing, relative to our current rates

J. Summary of How Each Proposed Modification Differs from Corresponding Current/Approved Rate/Methodology

Please see section H above.

K. Summary of Each Proposed New Rule

We are not requesting any rule changes.

L. Overall Premium Impact of Filing on DC Policy holders

These changes result in a 1.26% aggregate increase to premium rates.

M. Filed Minimum Required Loss Ratio

The required loss ratio is 63.69%, which is a 1.05% increase vs. last quarter's 64.74%. This value is derived from our latest analysis of commission and expenses and our current profit objectives.

N. Interest Rate Assumptions

We do not have interest rate assumption due to the short-term nature of the Dental product.



O. Trend Assumptions

The annual trend assumption is 5.0%.

P. Persistency

The Guardian's product is an annually renewable term product and therefore no persistency assumption is incorporated into the pricing.

Q. Actuarial Certification

Please see the attached certification.



ACTUARIAL CERTIFICATION

In my opinion, as of January 4, 2012, the premium rates and rating methodology to which this certification applies are neither excessive, inadequate, nor unfairly discriminatory, and they meet the requirements of the insurance laws and regulations of the District of Columbia.

David Ferrari

David Ferrari, FSA, MAAA
Assistant Actuary
Group Products

1/9/12
Date